
State: Illinois **Filing Company:** ProAssurance Casualty Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations
Product Name: Ascension Health Risk Purchasing Group, Inc.
Project Name/Number: Revision to Risk Management Section/

Filing at a Glance

Company: ProAssurance Casualty Company
Product Name: Ascension Health Risk Purchasing Group, Inc.
State: Illinois
TOI: 11.2 Med Mal-Claims Made Only
Sub-TOI: 11.2000 Med Mal Sub-TOI Combinations
Filing Type: Rule
Date Submitted: 08/27/2013
SERFF Tr Num: PCWA-129178732
SERFF Status: Closed-Filed
State Tr Num: PCWA-129178732
State Status:
Co Tr Num: IL-AHRPG-0913-R

Effective Date: 09/01/2013
Requested (New):
Effective Date: 09/01/2013
Requested (Renewal):
Author(s): LaQuita Goodwin
Reviewer(s): Gayle Neuman (primary)
Disposition Date: 08/28/2013
Disposition Status: Filed
Effective Date (New): 09/01/2013
Effective Date (Renewal): 09/01/2013

State Filing Description:

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
Product Name:	Ascension Health Risk Purchasing Group, Inc.		
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General Information

Project Name: Revision to Risk Management Section	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: None
Reference Organization: None	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2013	
State Status Changed:	Deemer Date:
Created By: LaQuita Goodwin	Submitted By: LaQuita Goodwin
Corresponding Filing Tracking Number:	

Filing Description:

I submit for your review and approval revisions to the Risk Management Premium Credits section of the underwriting manual for the Ascension Health Risk Purchasing Group Program. While the current language and the proposed language pretty much remains the same, we are amending this section so it is not so specific in stating dates and titles of programs. I request the effective date of September 1, 2013 for this filing submission.

Please let me know if you have any questions during the review process.

Thank you.

Company and Contact

Filing Contact Information

LaQuita Goodwin, Compliance Specialist	lgoodwin@proassurance.com
100 Brookwood Place	205-877-4426 [Phone]
Birmingham, AL 35209	205-414-2887 [FAX]

Filing Company Information

ProAssurance Casualty Company	CoCode: 38954	State of Domicile: Michigan
100 Brookwood Place	Group Code: 2698	Company Type: Property &
Birmingham, AL 35209	Group Name: ProAssurance	Casualty
(205) 877-4426 ext. [Phone]	FEIN Number: 38-2317569	State ID Number: 12

Filing Fees

Fee Required?	No
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Retaliatory?	No
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Fee Explanation:

State Specific

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Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: N/A

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	08/28/2013	08/28/2013

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Disposition

Disposition Date: 08/28/2013
Effective Date (New): 09/01/2013
Effective Date (Renewal): 09/01/2013
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Rate	Manual Page		Yes

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Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Page	Page 17	Replacement	PCWA-128495383	Page 17 revised RM eff 9-1-2013.pdf

PROFESSIONAL LIABILITY DISCOUNTS

I. MAXIMUM CREDIT

Maximum credit available per insured will be limited to 50% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and attendance of a ProAssurance Loss Prevention Seminar credit may be combined with the part-time credit but no other credits or discounts apply.
- New doctor/dentist discounts: up to 50%. Deductible credits may be combined with the New Doctor/Dentist discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions
- Risks developing \$50,000 or more annualized premium

II. NEW DOCTOR OR DENTIST DISCOUNT

This discount will apply only to solo practicing physicians and dentists who have never been in practice and proceed directly into practice from training, or physicians or dentists who fit within that category except for an interim period of employment not to exceed two years. Physicians or dentists who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

III. RISK MANAGEMENT PREMIUM CREDITS

Insureds who participate in risk management activities approved by the Company may be eligible for the following premium credits, up to a maximum of 8%.

<u>Activity</u>	<u>Credit</u>
1. RISK MANAGEMENT EDUCATION	Maximum 6%
a. Physicians may attend a two-hour live ProAssurance seminar and/or an Ascension Health live workshop. Must be present for the entire program to earn credit.	2% each; 4% maximum
b. Online & CD Courses (one hour) Successful completion of ProAssurance/Ascension online seminars	1% each; 4% maximum
Combined total of credits for 1 and 2 cannot exceed 6%.	
2. Demonstration of effective mechanisms for communicating diagnostic test results, based on survey results. Non-obstetric specialties only.	Maximum 2%
3. Participation in a formal obstetric emergency simulation Obstetric specialties only.	Maximum 2%
4. Advanced Practice Strategies Online Modules	Maximum 2%

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Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	Instead of attaching an Explanatory Memorandum, I've attached marked copies of the manual page. Although this section is revised, the content is still the same.
Attachment(s):	Page 17 revised RM eff 9-1-2013 - marked.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	N/A - Rule filing with no rate impact
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	certification for AHRPG.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Manual
Comments:	Acknowledged
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

PROFESSIONAL LIABILITY DISCOUNTS

I. MAXIMUM CREDIT

Maximum credit available per insured will be limited to 50% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and attendance of a ProAssurance Loss Prevention Seminar credit may be combined with the part-time credit but no other credits or discounts apply.
- New doctor/dentist discounts: up to 50%. Deductible credits may be combined with the New Doctor/Dentist discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions
- Risks developing \$50,000 or more annualized premium

II. NEW DOCTOR OR DENTIST DISCOUNT

This discount will apply only to solo practicing physicians and dentists who have never been in practice and proceed directly into practice from training, or physicians or dentists who fit within that category except for an interim period of employment not to exceed two years. Physicians or dentists who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

III. RISK MANAGEMENT PREMIUM CREDITS

Insureds who participate in risk management activities approved by the Company may be eligible for the following premium credits, up to a maximum of 8%.

<u>Activity</u>	<u>Credit</u>
1. 1. Documented in person attendance at <u>RISK MANAGEMENT EDUCATION</u> <u>Maximum 6%</u>	
<u>a. Physicians may attend a two-hour live ProAssurance seminar and/or an Ascension Health live workshop.</u> <u>Must be present for the entire program to earn credit.</u>	2% each; 4% maximum
2. <u>b. Online & CD Courses (one hour)</u> <u>Successful completion of ProAssurance/Ascension online course/seminars</u> <u>Must be completed by August 31.</u>	1% each; 4% maximum 1% each; 4% maximum
<u>Combined total of credits for 1 and 2 cannot exceed 6%.</u>	
<u>32. Demonstration of effective mechanisms for communicating diagnostic test results, based on survey results. Must be completed by June 30. Non-obstetric specialties only.</u>	<u>Maximum 2%</u>

3. Participation in

~~4. Support for a patient safety goal of no inductions prior to 2%~~

~~39 weeks, unless medically indicated. Confirmation must~~

~~be received by August 31, a formal obstetric emergency simulation~~ Maximum 2%

~~Obstetric specialties only.~~

4. Advanced Practice Strategies Online Modules Maximum 2%

Activities submitted for risk management credits must have been completed within twelve months prior to application.

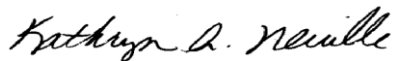
Any risk management credit will be revoked or withheld if evidence of falsification of attendance, credit or completion of risk management activities applied towards a risk management credit is found.

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing. I also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Kathryn A. Neville, Secretary
Signature and Title of Authorized Insurance Company Officer

8/27/2013

Date



Howard H. Friedman, ACAS, MAAA, Senior Vice President
Signature, Title and Designation of Authorized Actuary

8/27/2013

Date

Insurance Company FEIN 39-1567580 Filing Number PCWA-129178732
Insurer's Address 100 Brookwood Place
City Birmingham State Alabama Zip Code 35209

Contact Person's:

-Name and E-mail LaQuita B. Goodwin, Compliance Specialist – lgoodwin@proassurance.com
-Direct Telephone and Fax Number (205) 877-4426 – Fax (205) 414-2887